

**ARIZONA STATE LAND DEPARTMENT**  
**Natural Resource Conservation District**  
**APPLICATION FOR STATE SUPPLEMENTAL FUNDS**  
**Due Date: June 20<sup>th</sup> 2016**

District: \_\_\_\_\_ Acres: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

**CONSERVATION PROGRAM PROPOSED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FY 2018**

**REVENUES**

**(1) Budget Request**  
**FY 2018**

Begins July 1, 2017

**(2) District Funds Anticipated**  
**FY 2018**

Begins July 1, 2017

\$ \_\_\_\_\_  
(not to exceed \$40,000)

\$ \_\_\_\_\_ (identify source)

\$ \_\_\_\_\_ (identify source)

\$ \_\_\_\_\_ (identify source)

**EXPENDITURES**

**SUPERVISORS EXPENSE**

per diem and travel

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**OFFICE OPERATIONS**

salaries and related expenses

\$ \_\_\_\_\_

\$ \_\_\_\_\_

rent, legal and audit fees, insurance and bonds, office  
supplies, postage, telephone, office machine repair,  
meeting expenses, subscriptions, other (identify)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**CONSERVATION PROGRAMS**

- newsletter, annual report, long-range plan,  
annual plan, supervisor election

\$ \_\_\_\_\_

\$ \_\_\_\_\_

- dues: NACD, AZ NRCD, other (identify)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

- contributions (identify)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

- youth education program (identify)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

• conference expenses (identify) \$\_\_\_\_\_ \$\_\_\_\_\_

• other (identify) \$\_\_\_\_\_ \$\_\_\_\_\_

**EQUIPMENT OPERATIONS** \$\_\_\_\_\_ \$\_\_\_\_\_

**CAPITAL INVESTMENTS**  
office and other equipment over \$5000 in value  
(attach detail) \$\_\_\_\_\_ \$\_\_\_\_\_

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**TOTAL EXPENDITURES**

- FROM STATE FUNDS \$\_\_\_\_\_
- FROM LOCAL FUNDS \$\_\_\_\_\_

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At an official meeting of the District Board convened on the \_\_\_\_\_ day of \_\_\_\_\_, 2016, the foregoing schedule of revenues and expenses was reviewed and approved and a request for State supplemental funding in the amount of \$\_\_\_\_\_/year was approved by the following quorum of members whose signatures appear below.

**SIGNATURE**

**DISTRICT OFFICE TITLE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Three signatures required.)